PATENT APPLICATION FEE DETERMINATION RECORD  Effective December 29, 1999  GALSIS 360													
F	(13) DB	CLA	AIMS AS FILED - PA (Column 1) NUMBER FILED			(Column 2)  NUMBER EXTRA		-	IALL YPE	ENTITY	OR		R THAN ENTITY
						IAOMBEH	RAT		ATE	FEE	]	RATE	FEE
H	ASIC FEE									345.00	OR		690.00
TOTAL CLAIMS			minus 20=			• /		X:	9=		OR	X\$18=	18
IND	PEPENDENT C	LAIMS	minus 3 =					X	<del></del>			X78=	10
MULTIPLE DEPENDENT CLAIM PRESENT										<del> </del>	OR		
• 11	* If the difference in column 1 is less than zero, enter "0" in column 2								30=	<u> </u>	OR	+260=	260
									TAL	L	OR	TOTAL	
CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  CLAIMS I HIGHEST I							SM	ALL	ENTITY	OR	OTHER SMALL		
AMENDMENT A	A. A	REM AF	AIMING TER IDMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	· 13	}	Minus		20	=_	X\$	9=		OR	X\$18=	
	Independent			Minus	•••	3	=*	X39=				X78=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										OR		
									30=		OR	+260=	
								ADDIT	OTAL FEE		OR ,	TOTAL ADDIT. FEE	
_	(Column 1) (Column 2) (Column 3)												
AMENDMENT B		AF	AINING TER IDMENT		PF	NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	• -	1	Minus	**	20	=	X\$	9=		OR	X\$18=	
	Independent	. 2		Minus	***		=	ХЗ	9=			X78=	
	FIRST PRESE	NTATIC	N OF MU	JLTIPLE DEF	PENC	ENT CLAIM			$\overline{}$		OR	·	
								+13			OR	+260=	
								ADDIT:	FEE		OR ,	TOTAL ADDIT, FEE	
	Alice of the state of the		ımn 1) AIMS	Francisco (S. C. C.			(Column 3)						
AMENDMENT C		REM/	AINING TER DMENT		PA	HIGHEST NUMBER EVIOUSLY PAID FOR	PRESENT EXTRA	RA	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•		Minus	**		=	X\$	9= -		OR	X\$18=	
	Independent	•		Minus	***		=	X39			•	X78=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								-		OR	A/6=	
* If the entry in column 1 is less than the entry in column 2, write "O" in column 3.											OR	+260=	
•••	r the entry in colur f the "Highest Nur If the "Highest Nur The "Highest Nurr	nber Pre mber Pre	viously Pa viously Pa	id For IN THIS id For IN THIS	S SPA S SPA	CE is less than CE is less than	20, enter "20." n 3. enter "3."	ADDIT.				TOTAL DDIT. FEE mn 1.	

**Application or Docket Number**